



UNISON HEALTH AND SAFETY REPRESENTATIVES SURVEY SEPTEMBER 2021

Covid safety in the workplace

Introduction

In August/September 2021, UNISON health and safety representatives were surveyed on covid safety measures in place across their workplaces. We also asked questions on psychological hazards including the impact on mental health, work-related violence and bullying, as evidence suggests these have increased as a result of the pandemic.

The survey was launched following the removal of all restriction for the public to socially distance and wear face coverings in indoor public spaces in England and a relaxation of some of the rules in Wales, Scotland and Northern Ireland.

The survey which ran from the 9th August to the 9th September gives a snapshot of the current levels of covid protections in workplaces and validates the ongoing concerns we receive from members and activists on the ground.

The majority of respondents worked in the public sector in England.

Findings

Covid Risk Assessments

Nearly 10% of respondents said that their covid workplace risk assessments had not been reviewed for more than 12 months and 14% within the last 6 to 12 months. Risk assessments should be reviewed following any changes to Government or Health and Safety Executive (HSE)/Health and Safety Executive Northern Ireland guidance and in response to cases rising locally. 20% of respondents also stated that risk assessments were not being



reviewed following covid outbreaks in the workplace or a death of a work colleague. It is of concern that some employers see risk assessments as a 'one off' requirement.

Our survey revealed a lack of consultation with union health and safety representatives on covid risk assessments with over half of respondents saying they were not consulted. Consultation with the workforce and union health and safety representatives on health and safety matters, is not only a legal requirement under the *Safety Representative and Safety Committee Regulations 1977* and but an important factor in reducing the risks. Workers doing the job day in day out know where the hazards are, in what type of work activity they may be at an increased risk of exposure to Covid-19 and give practical examples of how the work can be done to reduce exposures.

Some employers are still not carrying out individual risk assessments on workers who maybe more at risk of contracting and becoming seriously ill from covid infection. Respondents reported that nearly 25% of employers had not carried out individual risk assessments. We believe that individual risk assessments, alongside risk assessments of the environment and work activity are an important measure in mitigating risks and in facilitating discussion between the worker and employer on what precautions are needed. While the HSE don't require individual risk assessments on clinically vulnerable/clinically extremely vulnerable individuals, we know from work in the NHS that this is a good practice measure.

Covid Control Measures

On a positive note, just over half of respondents agreed or strongly disagreed with the statement "my employer is doing everything they can to reduce the exposure to covid-19 in the workplace", however, worryingly just over a quarter disagreed or strongly disagreed with this statement.

We asked our health and safety representatives what control measures their employer has in place and the picture was very mixed. Provision of Personal Protective Equipment (PPE) was generally good with 70% saying it was always adequate. However, with a high number of respondents coming from the health sector, the remaining 30% is cause for concern. When removing



the 9% who said physical or social distancing between employees was not possible in their workplace, 6% said that social distancing was not happening at all and 20% only some of the time. Whilst 6% is a relatively small number, it is still a concern that even where social/physical distancing is possible, employers are not putting it in place to reduce the risk of exposure in the workplace.

With reference to the evidence around modes of transmission of the virus and the need to reduce aerosol transmission good ventilation is a key control measure. The Health and Safety Executive (HSE) require employers to assess and reduce the risk of aerosol transmission by improving ventilation. It is concerning that nearly half (44%) of respondents said their employer had not improved ventilation and air circulation inside the workplace. A further 50% said their employer was not using carbon dioxide meters to identify poorly ventilated work areas. Carbon dioxide meters are recognised by the HSE as a way of identifying poorly ventilated areas.

Health and safety representatives reported on several other measures in place to control the risk from cleaning regimes including Perspex screens and requiring staff and/or customers to wear face coverings. However, respondents reported that 30% of employers had removed some or all covid workplace safety measures since the easing of restrictions in the Summer. Our survey indicated that the restrictions most likely to be removed where the use of face coverings by staff and customers; removal of social distancing measures; signage/one-way systems; workplace bubbles and working from home.

When asked about members' perceptions of safety, 36% of respondents agreed or strongly agreed with the statement that members feel less safe now than they did 12 months ago. In the context of the vaccine roll out this is a concerning figure and may be due to the removal of restrictions by the Government and how that message has been interpreted by some



employers, who despite their legal duty to keep workplaces safe, have subsequently weakened workplace protections.

Psychological Hazards

Mental Health

An overwhelming majority of respondents (73%) agreed or strongly agreed with the statement that members' mental health has declined during the pandemic. 45% indicated that their employer does not carry out risk assessments of work-related stress. Of those that did carry out risk assessments, just under 50% reported that the assessments had been reviewed during the pandemic.

Health and safety representatives were asked what measures the employer had put in place to support the mental health of members during the pandemic and the most common measure was access to workplace counselling or employee assistance programmes followed by information on where to go for help and support from line managers. A minority reported that the employer had looked at reducing workloads and flexible working to support members.

Bullying and Harassment

35% of respondents reported a rise in workplace bullying and harassment during the pandemic with the main source being managers and supervisors (81%).

Physical violence and verbal abuse

34% of respondents reported a rise in physical violence and verbal abuse from customers, clients, or members of the public during the pandemic. Where a rise had been reported under half (42%) of respondents said their



employer had reviewed violence risk assessments and put measures in place to reduce the risk of verbal abuse and physical assaults.

Recommendations

1. In the context of the Covid pandemic, messaging on the requirement for risk assessments to be reviewed following outbreaks; rises in local cases; new variants of concern or new Government guidance should be strengthened. Governments and HSE/HSENI should proactively remind employers of the legal duties under the *Health and Safety at Work Act 1974*, the *Management of Health and Safety at Work Regulations 1999*, the *Control of Substances Hazardous to Health Regulations 2002* * and associated guidance on covid safety.
2. The Government must reiterate the importance of working with and consulting union health and safety representatives and workers to help reduce the risk of covid in the workplace. The HSE/HSENI must proactively enforce consultation and compliance with both the *Safety Representative and Safety Committee Regulations 1977* and the *Health and Safety (Consultation of Employees) Regulations 1997* *. As a result of this lack of transparency, we would also reiterate calls made by the TUC to make risk assessments publicly available.
3. In addition to the guidance on pregnant workers, the HSE and Government (England) should work with occupational health specialists and the unions to develop workplace guidance on individual risk assessment for those who, despite having the vaccine or who cannot have the vaccine for clinical reasons, remain clinically or clinically extremely vulnerable. The current guidance for the public advises such individuals to “avoid crowded spaces, practice social distancing and ask home visitors to wear face coverings” but makes no reference to their working environments. We are aware of individuals who are being pressurised to go into their workplaces, often with a crowded commute, where they have little control over the



physical environment, distancing and whether face coverings are worn.

4. A home or hybrid model of working should be promoted where it is possible for work to be carried out at home. The removal of restrictions on working from home has led to some employers forcing all workers back into the physical workplaces in one go. Crowded offices and meeting rooms increase the risk of transmission and similarly lead to overcrowding on public transport. Hybrid models, phased returns and rota based systems should be put in place to avoid overcrowding. Policies on home and hybrid working should be negotiated with unions including safety representatives to ensure all risks are reduced. The Health and Safety Executive should actively promote their advice to employers on the health and safety of home and hybrid workers.
5. We call on Governments to be more explicit on the importance of ventilation in all indoor workplaces, especially in the winter months when doors and windows are more likely to be closed. Whilst the HSE's guidance on ventilation is comprehensive, we would want to see further proactive inspections and enforcement action where employers have failed to assess ventilation in the workplace. Such assessments of ventilation should be made available to union health and safety representatives to inspect.
6. There needs to be stronger messages to employers that they still have duties under the 1974 Health and Safety at Work Act and *Management of Health and Safety at Work Regulations 1999* to take all reasonably practicable measures to reduce the risk of harm to the workforce. The wearing of face coverings; social distancing; one-way systems/signage to reduce close contacts and working from home for some or all of the time (where the work can be done at home) are, in most cases reasonably practical measures.
7. Against the backdrop of more people travelling to and from work, rising cases and winter respiratory infections including flu, we believe the Government in England, needs to reintroduce the mandate to wear



face coverings in workplaces, including schools crowded indoor public places and on public transport.

8. The Government in England needs to implement our calls for the return of mitigations in schools [COVID-19 advice for school & early years staff | Key issues | UNISON National](#)
9. An indirect consequence of the pandemic is a rise in psychological hazards including work related stress, bullying and harassment and violence and abuse. Employers must do more to tackle the risk of harm from psychological hazards including assessing the risk, reviewing when circumstances change and putting in measures to reduce harm.

Conclusion

The removal of restrictions in England has led to mixed messaging and a perception by some employers that they no longer need to take all reasonably practicable measures to ensure that workers are kept safe. However, as our survey has shown, some employers where possible, have kept measures such as social distancing and face coverings in place indicating that it is practical measure in some environments.

The most concerning finding of our survey is that 36% of our health and safety representatives agreed or strongly agreed with the statement that members feel less safe now than they did 12 months ago. This is despite high levels of vaccination. Feeling unsafe at work could also be contributing to poor mental health so it is essential that workplace safety is addressed, union health and safety representatives are consulted and subsequently workers have some assurances that the employer is doing all they can to keep them safe.

Against the backdrop of more people travelling to and from work; continued high cases and excess deaths from Covid-19; the risks of long covid even from relatively minor infection and winter respiratory infections including flu, the respective Governments need ensure that winter planning protects



workers whose workplaces or work activity puts them more at risk of exposure to Covid-19.

Clear guidance and communication is needed for employers as we head into the Winter. We call for strong messaging from the Government in England and devolved nations to remind employers that they still need to protect their workers, backed up by continued proactive inspections and enforcement by the workplace regulator.

Finally, in the context of rising levels of psychological hazards in the workplace employers and the regulator must do more to reduce the risk of harm to workers mental and physical health from work related stress, bullying and harassment and violence.

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*Northern Ireland Regulations:

The Health and Safety at Work (Northern Ireland) Order 1978

Control of Substances Hazardous to Health (Northern Ireland) 2003

Safety Representatives and Safety Committees (Northern Ireland) 1979

Management of Health and Safety at Work Regulations (Northern Ireland) 2000